

POC #2 Acceptable

0002/012

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/22/2014  
FORM APPROVE  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  07/18/2014
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, SMITHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 649 SMITHVILLE, TN 37166		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  A recertification survey and complaint investigation #34139, #34181, #33731 were completed on July 18, 2014, at NHC Healthcare Smithville. No deficiencies were cited in relation to complaints #34139 and #33731 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000			
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the facility Post Falls Nursing Assessments and interview, the facility failed to maintain a safe environment to prevent accidents by not ensuring the wheels had been locked on a bed, resulting in a fall with a laceration and a fracture for one resident, #55, of four residents reviewed for falls, from a sample of thirty-two residents reviewed in stage II. This failure resulted in harm to resident #55.  The findings included:  Resident #55 was admitted to the facility from the hospital December 20, 2013, with diagnoses including: Alzheimer's Dementia, Severe, with	F 323	*This plan of correction is submitted as required under State and Federal Law and does not constitute an admission on the part of NHC HealthCare Smithville that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.  F323- Administrator confirmed that Resident #55 had the wheels locked on their bed on 5/1/14.  The Director of Nursing and Assistant Director of Nursing confirmed that all beds in the facility were checked to ensure that the wheels were in the locked position. This was completed on 5/1/14 and 7/22/14.  The Director of Nursing and Assistant Director of Nursing conducted inservice training for staff to ensure that the wheels on all residents beds are in the locked position after being moved, serviced, or before leaving the resident's room. Inservice was completed on 5/1/14 and 7/23/14.  The Director of Nursing will conduct a Quality Assurance Study (QA) reviewing 30 random beds weekly to ensure bed wheels are locked. QA will be conducted for 4 weeks. Findings will be reported to QA Committee. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab. The QA and in-service training will continue as directed by the Director of Nursing or Quality Assurance Committee.	8/20/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>Behavioral Disturbance, Anxiety Disorder, Severe Psychosocial Stressors, Mental Status Change, Depression, Dysphagia, Gastroesophageal Reflux Disease, Generalized Weakness, and Hypertension.</p> <p>Medical record review of the admission Minimum Data Set (MDS), dated December 27, 2013, revealed the resident had short and long term memory impairment, severe cognitive impairment for daily decision making, required extensive assistance with all activities of daily living, had unsteady balance, and required the physical assistance of one person with most activities of daily living.</p> <p>Medical record review of the quarterly MDS, dated March 19, 2014, revealed the resident had short and long term memory impairment, severe cognitive impairment for daily decision making, required extensive assistance with all activities of daily living, had unsteady balance, and required the physical assistance of one person with most activities of daily living.</p> <p>Medical record review of the resident's Care Plan, dated April 25, 2014, revealed the resident was assessed to be at risk for falls and planned interventions included: "...Be alert to increased confusion or change in level of consciousness...Make sure staff aware of the risk for falls...Assess for environmental hazards...Provide assistance with transfers and ambulation as needed x 1 person..."</p> <p>Facility record review of the facility Post Falls Nursing Assessment, dated May 1, 2014, revealed, "Date and time of incident: 5/01/2014 2:50 p.m...CNA (Certified Nursing Assistant)</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>heard pt (patient) yelling for help. CNA found pt on the floor...sitting on buttocks in upright position. Right index finger was bleeding. Pt stated did not hit...head. C/O (complained of) pain to whole left hand. Left index finger laceration noted and end of finger dangling. Pt stated...was walking around bed and lost...balance, grab for bed, bed rolled away...and ...fell on the floor hitting the left hand on the bed end and then hitting it on the metal wheel of the bed. The bed wheels were not locked..."</p> <p>Continued review of the Post Falls Nursing Assessment revealed "Description of Injury: Site 1. Laceration to left index finger, middle and ring finger swelling and bruising noted...First Aide Treatment...cleanse left index finger with NS (normal saline) loosely applied gauze dressing)... Vital signs post fall...ROM (range of motion assessment for each extremity)... (all extremities assessed) WNL (within normal limits). Physician...notified and orders received to send resident sent to ER (emergency room) for X-ray to left hand, eval and tx (evaluation and treatment)."</p> <p>Medical record review of the hospital radiology report dated May 1, 2014, at 3:39 p.m., "Procedure: XR (x-ray) hand 3 vws (views) left, Diagnosis: Trauma/Injury, Left hand, 3 views, 5/1/2014...History: Fall/Trauma...Findings: There is an oblique fracture present involving the posterior one half of the base of the distal phalanx (end of the finger) of the second finger..."</p> <p>Interview with the Director of Nursing, in the conference room, on July 22, 2014, at 9:30 a.m., confirmed the bed wheels had not been locked, the resident sustained a laceration and a fracture,</p>	F 323			

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F 323	Continued From page 3 was treated at the hospital emergency department, and resident #55 had been harmed by the facility's failure to ensure the bed wheels were locked.	F 323			
F 364 SS=F	Complaint #34181 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to maintain cold food at or below 41 degrees Fahrenheit on the resident tray line in three of three dining rooms.  The findings included:  Review of the facility policy, Safety & Sanitation Best Practice Guidelines, dated January 2011, revealed "Cold food should be held at 41 degrees or lower throughout the serving process."  Observation and interview with dietary staff #1 on July 14, 2014, at 11:35 a.m., in the ICF (Intermediate Care Facility) resident dining room, revealed the tray line was in process with dietary staff #1 obtaining food temperatures. Further observation revealed a rack positioned in the dining area with seven plates of salads with chicken strips. Further observation revealed the	F 364	#364-Dietary of Dietary Services discarded affected salads and milks on 7/14/14.  Director of Dietary Services ensured that foods were at temperatures on 7/14/14.  Director of Dietary Services inserviced dietary staff on ensuring food and drinks are served within appropriate temperature ranges by 7/18/14.  Director of Dietary Services will conduct a Quality Assurance Study (QA) on serving food at appropriate temperatures. QA will be conducted weekly for 3 weeks. Findings will be reported to QA Committee. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab. The QA and in-service training will continue as directed by the Administrator or Quality Assurance Committee.	07/28/2014	

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F 364	<p>Continued From page 4</p> <p>temperature of the chicken strips was 71 degrees Fahrenheit (F). Further observation revealed salads with chicken strips had not been served to residents. Further observation of the milk stored in the reach-in refrigerator revealed the temperature was 44.8 degrees F. Interview with dietary staff #1 revealed the staff member "thought the temperature was ok for a salad (with chicken strips)". Further interview with dietary staff #1 revealed the milk was stocked into the reach-in refrigerator just prior to the lunch service.</p> <p>Observation and interview with dietary staff #2 on July 14, 2014, at 11:47 a.m., in the Reflections resident dining room, revealed dietary staff #2 had served the lunch meal to one of three tables with residents. Further observation revealed two plates of salad with chicken strips on the counter. Further observation revealed the chicken strip temperature was 79.9 degrees F. Further observation revealed milk stored in the reach-in refrigerator was 45 degrees F. Interview with dietary staff #2 revealed one plate of salad with chicken strips had been served to a resident eating in their room. Further interview revealed dietary staff #2 was "not sure if (salad with chicken strips) temperature was ok." Interview with dietary staff #2 revealed the milk had been stocked in the reach-in refrigerator just prior to the meal service.</p> <p>Observation and interview with dietary staff #3 and Certified Nurse Aide (CNA) #1, on July 14, 2014, at 12:02 p.m., in the Skilled resident dining room, revealed dietary staff #2 serving the food. Further observation revealed three residents eating salads with chicken strips. Further observation revealed two salads with chicken</p>	F 364			

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NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, SMITHVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>825 FISHER AVE P O BOX 649 SMITHVILLE, TN 37166</b>		
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F 364	Continued From page 5 strips on a rack stored next to the reach-in refrigerator. Further observation revealed the chicken strip temperature was 73.9 degrees F. Further observation revealed the milk in the reach-in refrigerator was 47.3 degrees F. Interview with dietary staff #3 revealed the salad with chicken strips "needs to be thrown out and made fresh." Further interview revealed the milk had been stocked into the reach-in refrigerator just prior to the meal service. Interview with CNA #1 confirmed three residents had consumed the salad with chicken strips.	F 364			
F 469 SS=D	<b>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM</b>  The facility must maintain an effective pest control program so that the facility is free of pests and rodents.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of the Pest Control Agreement and interview, the facility failed to maintain effective pest control for one resident (#9) of thirty-two sampled residents.  The findings included:  Resident #9 was admitted to the facility on June 1, 2013, with diagnoses including Decubitus Sacral Ulcer, Malnutrition, Chronic Kidney Disease, Urinary Incontinence, Dementia, Cerebral Vascular Accident, Diabetes Mellitus, and Hypertension.	F 469	F 469-Administrator had pest control contractor at the center on 7/16/14 to treat affected room.  Administrator had pest control contractor treat the entire center on 7/16/14.  Administrator revised the contract with pest control vendor to include flying insects beginning on 8/1/14.  Administrator will conduct a Quality Assurance Study (QA) on flying insects in patient areas. QA will be conducted weekly for 4 weeks. Findings will be reported to QA Committee. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab. The QA will continue as directed by the Administrator or Quality Assurance Committee.	8/28/2014	

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NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, SMITHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 549 SMITHVILLE, TN 37168		
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F 469	<p>Continued From page 6</p> <p>Medical record review of an Annual Minimum Data Set dated May 9, 2014, revealed the resident had a Stage 4 pressure ulcer.</p> <p>Medical record review of a Physician's order dated April 26, 2014, revealed "...Change Wound Vacutainer to Sacrum every 3 days and PRN (as necessary), change wound vac (vacutainer) dressing and tubing every 3 days and PRN for accidental removal (if unable to reinforce)..."</p> <p>Observation of resident #9 on July 16, 2014, at 7:57 a.m., in the resident's room, revealed a fly on the top sheet of the resident in the bed.</p> <p>Observation of the resident's wound care and wound vacutainer change on July 16, 2014, at 2:45 p.m., in the resident's room, with the Unit Manager, revealed four flies in the room.</p> <p>Observation on July 16, 2014, at 3:35 p.m., in the resident's room, revealed two flies on the floor mat on the right side of the resident's roommate's bed; one fly on the foot of the resident's bed, which moved and landed on the resident's blanket near the stomach area; and one fly on the outside top frame of the resident's bathroom door.</p> <p>Review of the facility's Pest Control Agreement, revealed the pest control agreement "...does not include...flying insects..."</p> <p>Interview with the Unit Manager on July 16, 2014, at 3:39 p.m., in the resident's room, confirmed the presence of the four flies in the resident's room, and the facility failed to maintain effective pest control for resident #9.</p>	F 469			

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NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, SMITHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 826 FISHER AVE P O BOX 549 SMITHVILLE, TN 37166		
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F 514 F 514 SS=D	<p>Continued From page 7</p> <p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIB LE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to maintain complete medical records for nutritional supplement intake for two residents (#52, #134) of thirty-two residents reviewed.</p> <p>The findings included:</p> <p>Resident #52 was admitted to the facility on May 22, 2014, with diagnoses including Automatic Implantable Cardiac Defibrillator, Aftercare Left Femur and Humerus Fractures, Diabetes Mellitus, Diastolic Congestive Heart Failure, Hypertension, End Stage Dementia, Chronic Kidney Disease, Blood Loss Anemia, Insomnia, Confusion, Hallucination, Gout, Hypothyroidism, and Major Depressive Disorder.</p> <p>Medical record review of the Admission Minimum</p>	F 514 F 514	<p>F514-Director of Nursing ensured that Resident # 52 and resident #134 have their supplement intake documented beginning 7/19/2014 by the Nursing staff.</p> <p>The Director of Nursing reviewed all residents records on 7/25/14 to ensure that if they were receiving supplements as part of their plan of care that the supplement intake was being documented.</p> <p>The Director of Nursing and administrative nurses conducted in-services with all nursing staff to ensure that supplement intake is being recorded appropriately. In-services were completed on 7/23/14.</p> <p>The Director of Nursing will conduct a Quality Assurance Study (QA) of the documentation of supplements. 15 random patients will be monitored weekly for 4 weeks. The QA findings will be reported to the QA Committee. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab. The QA and in-service training will continue as directed by the Director of Nursing or Quality Assurance Committee.</p>		9/3/2014



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F 514	<p>Continued From page 8</p> <p>Data Set dated May 29, 2014, revealed resident #52 required supervision and set-up assistance with eating, and was cognitively intact.</p> <p>Medical record review of the physician orders from May 22, 2014, through July 17, 2014, revealed no orders for nutritional supplements.</p> <p>Medical record review of a Dietary Progress Note dated July 3, 2014, revealed a recommendation for Ensure (nutritional supplement) with meals "...as (resident) can drink better than eat at this time..."</p> <p>Observation on July 16, 2014, at 7:54 a.m., revealed an eight ounce can of Ensure on the breakfast tray.</p> <p>Review of the facility intake documentation revealed no documentation of nutritional supplement intake.</p> <p>Interview with the Director of Nursing on July 16, 2014, at 2:35 p.m., in the training class room, confirmed the facility failed to document the nutritional supplement intake.</p> <p>Resident # 134 was admitted to the facility on September 11, 2013, with diagnoses including Cerebral Artery Occlusion, Late Effect of Cerebrovascular Disease, Hypertension, Dysphagia with PEG (Percutaneous Endoscopic Gastrostomy) tube placement, Depression and Anxiety Disorder.</p> <p>Medical record review of the physician orders dated July 8, 2014, revealed a diet order for Mechanical soft, ground meats, and nectar thick liquids. Further review revealed no order for nutritional supplements.</p>	F 514			

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F 514	<p>Continued From page 9</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated May 21, 2014, revealed resident #134 required extensive assistance with one person physical assistance for eating.</p> <p>Medical record review of the Initial Care Plan, dated February 3, 2014, updated on July 10, 2014, revealed the "...Resident is at risk of alternation in nutritional status/ weight loss...with Approaches including...Supplements as ordered: 1 - 2 (cans) Ensure with...meals (added May 19, 2014)..."</p> <p>Review of the facility document, July 2014 ICF Meal Sheet, revealed resident #134 was listed for "...Ensure x 2 (times two (cans))..." supplements at breakfast, lunch and supper. Further review revealed no documentation of the nutritional supplement intake on July 5 and 6, 2014, at supper, July 12, 2014, at lunch, and July 14, 2014, at supper.</p> <p>Interview with the Director of Nursing in the training classroom on July 17, 2014, at 7:55 a.m., confirmed "...they are not documenting (nutritional supplement intake) correctly on these sheets. We have a problem with that..."</p>	F 514			